

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer:	Alloway Board of Education	County:	Salem
2	Employee Organization:	Alloway Education Association	Number of Employees in Unit:	35
3	Base Year Contract Term:	07/01/2013-06/30/2016	New Contract Term:	07/01/2016-06/30/2019

**SECTION II: Type of Contract Settlement (please check only one)**

- 4  Contract settled without neutral assistance  
 5  Contract settled with assistance of mediator  
 6  Contract settled with assistance of fact-finder  
 7  Contract settled with assistance of super-conciliator  
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ 2,375,550
10	Longevity Costs in Base Year	\$ 0
11	Total Salary Base	\$ 2,375,550

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	07/01/2016	07/01/2017	07/01/2018		
13 Cost of Salary Increments (\$)					
14 Salary Increase Above Increments (\$)					
15 Longevity Increase (\$)	0	0	0		
16 Total \$ Increase (sum of lines 13-15)	60,574	64,540	68,772		
17 New Salary Base (\$)	2,436,124	2,500,664	2,569,436		
18 Percentage increase over prior year	2.55 %	2.65 %	2.75 %		%

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

\*If contract duration is longer than five years, please add on additional page.

**SECTION VI: Medical Costs**

		Base Year	Year 1
21	Health Plan Cost	\$ 471,143	\$ 524,744
22	Prescription Plan Cost	\$ 126,183	\$ 145,614
23	Dental Plan Cost	\$ 0	\$ 0
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 597,326	\$ 670,359
26	Employee Insurance Contributions	\$ 129,253	\$ 147,569
27	Employee Contributions as % of Total Insurance Cost	21.64%	22.01%

**Section VI: Medical Costs (continued)**

28 Identify any insurance changes that were included in this CNA.

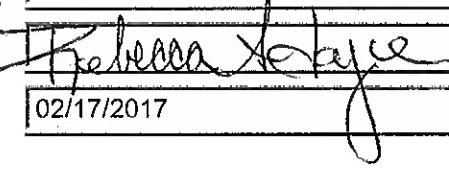
Elimination of stipend for waiving health benefits (previously 25% of employer share of premium, up to \$5,000/year).

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Rebecca S. Joyce

Position>Title: Business Administrator

Signature: 

Date: 02/17/2017

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

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